



2004 APPLICATION

A Program of the Volunteer Center of Rhode Island and the City of Warwick

Office of Youth Services
3275 Post Road, Warwick RI 02886
Phone: (401) 463-3911
Fax: (401) 732-6208
Email: Volunteen@warwickri.com

Today's Date: _____

Name _____
First MI Last

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____

Email Address _____

Birth Date ____/____/____
Month Day Year

Check one _____ Male _____ Female

School _____ Grade _____

Please complete school and grade for the 2004-2005 school year

Do you drive? _____

Do you have physical limitations that may prohibit you from participating in volunteer activities?

Please list hobbies and/or talents that you might be willing to share

How did you hear about the Volunteens Program?
Please circle

Friend Newspaper School
Website Other _____

Parent/Guardian Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate: _____

Emergency Contact Information:

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Alternate: _____

I understand that all the information on this form is voluntarily supplied and may be used and disclosed for volunteer purposes. I also agree to release and hold harmless the staff, the volunteers, Advisory Board and the Board of Directors of the Volunteens Program, the Volunteer Center of Rhode Island, Inc. and its partners from any and all liability for disclosing this information to agencies and their agents who request volunteer assistance and injury incurred while on volunteer assignment. I hereby volunteer my services and understand that I am not a paid employee of any agency or group to which I may accept assignment, nor am I an employee of the Volunteens Program or Volunteer Center of Rhode Island, Inc.

By becoming a member of the Volunteens Program, I understand that I will have the opportunity to participate in many individual and group volunteer projects. By signing this application, I (parent/guardian, if member is under 18) grant permission for participation in events without requiring additional permission forms. I also grant the Volunteens Program and the Volunteer Center of Rhode Island, Inc. permission to use photographs taken of member at volunteer activities for publication to promote volunteerism. REPRESENTATIVES OF THE CITY OR SCHOOL DEPARTMENT OF WARWICK AND/OR OTHER FUNDING SOURCES MAY REVIEW THIS APPLICATION FOR THE PURPOSES OF MONITORING AND EVALUATION.

Your Signature

Parent/Guardian Signature

There is no membership fee to join the Volunteens; however, we ask you to consider a **donation of \$15.00** at the time of application to help defray the cost of materials.

Checks should be made payable to: **Volunteer Center of Rhode Island**. Please add "**Volunteens**" in the memo box. **All donations are tax deductible. Thank you for your participation!**

